

PAGE 1

Please circle the appropriate box
Either A, B, C, D, or E if applicable,
Office.

A IF MARRIED

I do not wish to receive the p
A 50% Husband and Wife P
complete the next page at t

A married individual and
And have the signatures a

I HEREBY SWEAR THAT THE
BELOW IS MY CURRENT LEGAL SPOUSE.

Jessie L. Johnson
(EMPLOYEE'S SIGNATURE)

12/18/02
DATE

I HEREBY SWEAR THAT I UNDERSTAND THE REJECTION OF SUCH
BENEFIT AND I AM IN AGREEMENT.

[Signature]
(SPOUSE'S SIGNATURE)

[Signature]
DATE

***NOTE: IF YOU CIRCLED BOX A, C D OR E REJECTING THE HUSBAND-
WIFE PENSION, THIS FORM MUST BE SIGNED BY THE EMPLOYEE, OR BY
YOU AND YOUR SPOUSE (IF APPLICABLE) AND NOTARIZED BY A
NOTARY.

STATE NEW YORK
COUNTY OF RAMO

SIGNED AND SWORN TO BEFORE ME ON THIS

18 DAY OF Dec, 2002

HW-1

[Signature]
(NOTARY PUBLIC)
FERNANDO DOMINGUEZ
NOTARY PUBLIC STATE OF NEW YORK
NO. 01DO8046301
QUALIFIED IN BRONX COUNTY
COMMISSION EXPIRES AUGUST 07 2006

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CIRCLE
ONE

BELOW B C D OR E

B

I may wish to receive the pension benefit to which I am entitled in the form of a 50% Husband-Wife Pension and wish to be informed of the exact amount of the pension benefits payable to myself and my spouse under the Husband-Wife Pension. I understand that at the time I receive the information requested, I will have another opportunity to decline the option prior to retirement.

If you and your spouse are divorced after your pension becomes payable, the election remains in effect and she/he (should she/he survive you) will Receive the benefit under the Husband and Wife arrangement for her/his lifetime.

Spouse date of birth _____ (enclose copy of proof of spouse's birth and Marriage -certificate- originals will be returned to you).
_____/_____/_____ Spouse Social Security Number.

C

I hereby swear that I am not legally married at this time.

D

I hereby swear that the whereabouts of my legal spouse is unknown and that I know of no way of locating her/him.

E

I hereby elect the Sixty Month Guarantee of Benefits. I hereby designate the following beneficiaries: (Note: If you are legally married your spouse must be named as first beneficiary).

None 2 #1 **PRIMARY BENEFICIARY** #2

✓ Lean B Thigpen - Richard Thigpen
NAME DATE OF BIRTH
350-E 137 ST APT-136 BRONX 10454
MAILING ADDRESS RELATIONSHIP

SECOND BENEFICIARY (IN THE EVENT PRIMARY BENEFICIARY PRE-DECEASED ME OR WHO DIES AFTER MY DEATH AND PRIOR TO RECEIPT OF ALL BENEFITS DUE.

✓

NAME

DATE OF BIRTH

MAILING ADDRESS

RELATIONSHIP

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